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DEPARTMENT OF THE ARMY
Carl R. Darnall Army Medical Center
Ft Hood, TX 76544

REPLY TO
ATTENTION OF

MCXI-DPM-RP

2 June 2008

MEMORANDUM FOR U. S. Nuclear Regulatory Commission, Region IV, 611 Ryan Plaza Drive, Suite 400, Arlington, Texas 76011-8064

SUBJECT: Amendment Request for US Nuclear Regulatory Commission (NRC) Byproduct Material License Number 42-19113-01

1. Request NRC License No. 42-19113-01 has the following amendments:

A.

Byproduct Material	Chemical/Physical Form	Maximum Amount
Any New Byproduct material permitted by 10 CFR 35.100	Any	As Needed
Any New Byproduct material permitted by 10 CFR 35.200	Any	As Needed
Any New Byproduct material permitted by 10 CFR 35.300	Any	10 Curies
Any New Byproduct material permitted by 10 CFR 31.11	Any	10 Curies
Cobalt-57	Sealed Source	Not to exceed 20 mCi per source and 160 mCi total
Gadolinium-153	Sealed Source (Device Siemens Medical Solutions USA, Model 07837722, Auto QC Device)	40 mCi

No 471855

SUBJECT: Amendment Request for US Nuclear Regulatory Commission (NRC) Byproduct Material License Number 42-19113-01

B. Amend license to add Billy Wade Mahaney as an authorized user of radioactive materials.

2. The Radiation Control Committee has reviewed and approved the amendment request to the license.

3. Point of contact is 1LT William House II, (254) 288-8249.

1 Enclosures

WILLIAM C. HOUSE II
1LT, MS
Radiation Safety Officer

CF:
Commander, Great Plains Regional Medical Command, ATTN: MCGP-PM (LTC Bower) 2410 Stanley Road, Suite 305, Fort Sam Houston, Texas 78234-6230
Headquarters, US Army Medical Command, ATTN: MCHO-CL-W (COL Eng) 2050 Worth Road, Fort Sam Houston, Texas 78234-6000
US Army Center for Health Promotion and Preventive Medicine, ATTN: MCHB-TS-OMH (LTC Taylor) 5158 Blackhawk Road, Aberdeen Proving Ground, Maryland 21210-5403

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine
Hereby certifies that

Billy Wade Mahaney, MD

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology
On this fifth day of November, 2007
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

AM Eligible

THE AMERICAN BOARD OF RADIOLOGY
INCORPORATED IN THE DISTRICT OF COLUMBIA
1934

Diagnostic Radiology

President

Secretary-Treasurer

Executive Director

AMERICAN BOARD OF MEDICAL SPECIALTIES
EXCELLENCE

Certificate No. 53868

Valid through 2017

No. 471855

Form A

American Board of Radiology – Program Director Attestation

COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS

More information can be found at the following link:
http://www.nrc.gov/reading-rm /doc-collections/cfr/part035/part035-0290.html

Mahaney, Wade	Diagnostic Radiology	45-04-11-2
Resident Name	Program	Program #

	YES	NO
By the time of the ABR oral examination, this applicant will have successfully completed the hours of training and experience as outlined in 10 CFR 35.290 and 35.392	X	
This applicant has taken part in = 3 cases of oral administration of I-131 therapy (= 33mC*i*)	X	
The resident's logbook of these therapy experiences (date, dose, and preceptor) is attached	X	
The work and experience cited above for § 35.290 was obtained under the supervision of an Authorized User (AU) who meets the requirements under relevant sections of § 35.290 or equivalent Agreement State requirements	X	
The work and experience cited above for § 35.392 was obtained under the supervision of an Authorized User (AU) who meets the requirements under § 35.390, 35.392 or 35.394 or equivalent Agreement State requirements	X	

Liem T. Mansfield, MD
Residency Program Director
(Print Name)

Liem T. Mansfield
Program Director
(Signature)
LIEM T. MANSFIELD
LTC, MC
PROGRAM DIRECTOR
SAUSHEC RADIOLOGY

5/31/07
Date

Form B

I-131 Therapy Experience

Billy Wade Mahaney
Resident Name

Diagnostic Radiology 45-04-11-2
Program & Number

	Date	Dose Administered	Preceptor (AU) Print & Sign Name
1.	11-29-2004	105.10 mCi	Jess Graham Print Name Sign Name
2.	2-14-2007	158.7 mCi	Jess Graham Print Name Sign Name
3.	12-9-2004	196. mCi	Jess Graham Print Name Sign Name
4.			Print Name Sign Name

№ 471855

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Army, Dept of (Darnall AMC) **License No.:** 42-19113-01

Docket No.: 030-16084 **Mail Control No.:** 471855

Type of Action: Amend **Date of Requested Action:** 06-02-08

Reviewer Assigned: **ARM reviewer(s):** Torres

Response	Deficiencies Noted During Acceptance Review
	[ ] Open ended possession limits. Submit inventory. Limit possession. [ ] Submit copies of latest leak test results. [ ] Add IC L.C./Fingerprint LC, add SUNSI markings to license. [ ] Confirm with licensee if they have NARM material.

Reviewer's Initials: _____ **Date:** _____

☐Yes ☐No Request for unrestricted release Group 2 or >. Consult with Bravo Branch.

☐Yes ☐No Termination request < 90 days from date of expiration

☐Yes ☐No Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)

☐Yes ☐No TAR needed to complete action.

Branch Chief's and/or HP's Initials: _____ **Date:** _____

SUNSI Screening according to RIS 2005-31

☐Yes ☑No **Sensitive and Non-Publicly Available** if <u>any</u> item below is checked

General guidance:

_____RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
_____Exact location of RAM (whether = or > than Category 3 or not)
_____Design of structure and/or equipment (site specific)
_____Information on nearby facilities
_____Detailed design drawings and/or performance information
_____Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

_____RAM quantities and inventory
_____Manufacturer's name and model number of sealed sources & devices
_____Site drawings with exact location of RAM, description of facility
_____RAM security program information (locks, alarms, etc.)
_____Emergency Plan specifics (routes to/from RAM, response to security events)
_____Vulnerability/security assessment/accident-safety analysis/risk assess
_____Mailing lists related to security response

Branch Chief's and/or HP's Initials: JCC **Date:** 8/1/08

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
612 EAST LAMAR BLVD, SUITE 400
ARLINGTON, TEXAS 76011-4125

July 22, 2008

Department of the Army
Carl R. Darnall Army Medical Center
Radiation Safety Department
ATTN: 1LT, MS William C. House II, RSO
36000 Darnall Loop
Ft. Hood, Texas 76544-4752

SUBJECT: NRC License 42-19113-01

☑ **APPLICATION FOR AMENDMENT TO INCLUDE USE OF NARM**

Dear 1LT House:

This is to acknowledge receipt of the application for Darnall Army Medical Center to use NARM as noted in the box checked above. The application for NARM is deemed timely filed.

Applications for new licenses and amendments to existing licenses are normally processed within 90 days. Any correspondence regarding your application should reference the control number specified below.

Colleen Murnahan

Colleen Murnahan, Licensing Assistant
Nuclear Materials Safety Branch B

Control: 471855

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C 3E
Exp. Date: 20130430
Fee Comments: 3E ADDED 12/2/99--CORRECT
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: ARMY, DEPARTMENT OF THE
   Received Date: 20080606
   Docket No: 3016084
   Control No.: 471855
   License No.: 42-19113-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: /
   Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 6-24-08

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:
   Amendment _____
   Renewal _____
   License _____

3. OTHER _____

Signed _____
Date _____